

## Foster Family Home - Corrective Action Report

Provider ID: 1-100062

Home Name: Karen Yamashita, RN

Review ID: 1-100062-4

99-701 Kealaluina Drive

Reviewer: Angelica Galindo

Aiea HI 96701

Begin Date: 5/10/2019

Foster Family Home

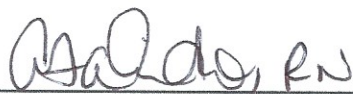
Required Certificate

[11-800-6]

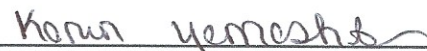
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

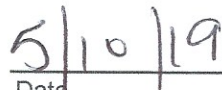
Home inspection for a 3 person CCFFH recertification made on 5/10/19. PCG requesting to decrease to a 2 person bed CCFFH. 6.(d)(1) - Home in compliance with all requirements



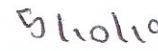
Compliance Manager



Primary Care Giver



Date



Date